

**UTAH STATE DEPARTMENT OF HUMAN SERVICES
DIVISION OF SUBSTANCE ABUSE**

APPLICATION FOR DUI INSTRUCTOR CERTIFICATION

Full Name

Employing Agency

Home Address & Zip Code

Business Address & Zip Code

()

()

Home Phone

Agency Phone

Social Security Number

Employment Start Date

SA Program License #

Title: _____ **From** _____ **to** _____

Duties: _____

Education (Highest level completed and Degree(s):

Licenses/Certifications: _____

Second Language: _____

Next available 40 hour training will be held November 1-4, 2005 at the:

**Yarrow Hotel
1800 Park Avenue
Park City, Utah 84060
(801) 927-7694**

**Training will be 8:00 a.m. to 4:30 p.m.
Any hotel and meal expenses are on your own.**

I understand that I am bound by Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot disclose records or information without the client's written consent unless otherwise provided for in the regulations (Code of Federal Regulations).

I attest to the best of my knowledge that all information in this application is accurate and complete. I understand I must complete DSA required training and testing in order to be certified/re-certified as a DUI Instructor.

Applicant's Signature

Date of Signature

This is to certify that I have reviewed the requirements of Instructor certification in accordance with Section R544-4-4 of the Utah Administrative Code and determined he/she is qualified to be trained and tested for DUI certification/re-certification.

Employing Agency Director or Designee

Date of Signature

SUBMIT THIS APPLICATION TO:

**Victoria Delheimer, Substance Abuse Program Manager
Division of Substance Abuse and Mental Health
120 North 200 West, Room 209
Salt Lake City, Utah 84103
Phone: (801) 538-4379
Fax: (801) 538-9892**